

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moles Lowe 50319

Reset Form

2009 JUL 27 AM 11: 18

Des Moines Fax: 515-28		19		IONS, SEE BACK OF FORM E SUMMARY PAGE			
COMMITTE	E NAME (Must be sar	TIO as on Statement of O	ryanization)			ı
Yes	For	Our	Future	-	İ	FORM	l
IMPORTANT: (1)Statewide	Indicate b	y # type of co	mmittee you are reporting fo	(2)State PAC (3)State Party	-	DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
(4)County Ce	entral Comr andidale (nittee (5)Co	unty Candidate (6)City Ca	ndidate (7) School Board or Other Politic ol Board or Other Political Subdivision PA	cal AC (or Office Use Or	
CANDIDATE		TEES ON	Y:				
Candidate N			,	Political Party (If applicable)			
					-		
Office Sough				District (if Senate or House)	_	.f.udited	
Late reports an	Bons	K	·	Pursuant to lowe Code sections 68B.3. 575-263-159 TELEPHONE		, ,	
AM FILING	4	بامال	19	REPORT FOR (1) ELECTIO	N /(2)NO	N-ELECTION YE	AR.
		(report		Indicate by	y# 🔲		
CHECK IF	AMENDM	ENT TO RE	PORT DATED		Local C	onimittees, enter Da	te of Election
(YOL			reports until a DR-3 is fil		which E	8 Local Committees lection is held P	CLK
	STA	TEMEN	OF CASH ON HAI	ND			
com	mittee. Th	is amount f	MIST he the same as th	Total of all funds held by the e cash on hand at the end first report filed.)		s 7	81.61
			KEN IN THIS PERIOD				
Sche	edule A: 0	Cash Contrib	outions total (Attach Sche	edule A) (*also see in-kind below)	•••••	2.	50.66
				le F)			
Sche	edule H: 1	otal Sales	of Campaign Property (A	ttach Schedule H)	•••••		
	(Sche	dule H app	lies to Candidates' Cor	nmittees Only)			
				SUB-TOTAL		s	32.27
SUB	TRACT T	OTAL MON	IEY SPENT THIS PERIC	D			
				3) (**also see debts and loans below	•	8	90.00
Sche	sdule F: L	oan Repayr	ments total (Allach Sched	iule F)			
ASH ON HA	ND at the	end of this	reporting period (if final re	eport balance must be zero)	,,	s <u>14</u>	2.27
UNPAID BIL	LS (From	Schedule [) - Attach Schedule D)			\$ -	-0-
			•	edule E)		,	-0-
				tule F)			0-
			hedula G Attached?)	,		YE\$ <u>Y</u>	
ANDIDATE			•		•		-
ALUE OF CA	AMPAIGN	PROPERT	- Y (From Schedule H - At	lach Schedule H)	5	.	
				unt bank statement in January of ea			

For Instructions, See Back of Form

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SCHEDULE MONETARY (Rev. 07/03) RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) For Our Future

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTER). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE; ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DO/YR)	(if applicable) AND PAC CHECK		TO CALIDIDATE*	RECEIVED	FUND- RAISER
(INIMADO) (TV)	NUMBER		(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		INCOME
	ID#	Loren Lown		s	
06-18-09	CK# 7249	325 Christic Lane Pleasant Hill, IA 50327		150.00	
	ID#	Michael Diver			
06-18-09	CK# 9312	4674 E. Oakwood Drive Pleasant Hill, IM 50327		100.00	
	ID#				
	CK#				
	ID#		"		
	CK#				<u> </u>
i a	ID#				
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	CK#				
	ID#				<u> </u>
	CK#				
	<u></u>		SUB-TOTAL		
		TOTAL (if last pag	e of this schedule)	\$	
		· = · · · · · · · · · · · · · · · · · ·			

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguintly (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Yes	For Our	Future		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSA::TION)	AMOUNT EXPENDED
07-09-09	10 30	Hernid-Index 100 8th Street BE Shite H Altoone, IA 50009	Advertising	\$ 890.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#		,	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#)	
	CK#			
	ID#			
	CK#			
	<u></u>		SUB-TO	TAL \$
			TOTAL (If last page of this sched	ule) \$ 890.00
THIS BOX AP	PLIES TO CANDID	ATES' COMMITTEES ONLY:	11	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to 4 chedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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(for Schedule B)